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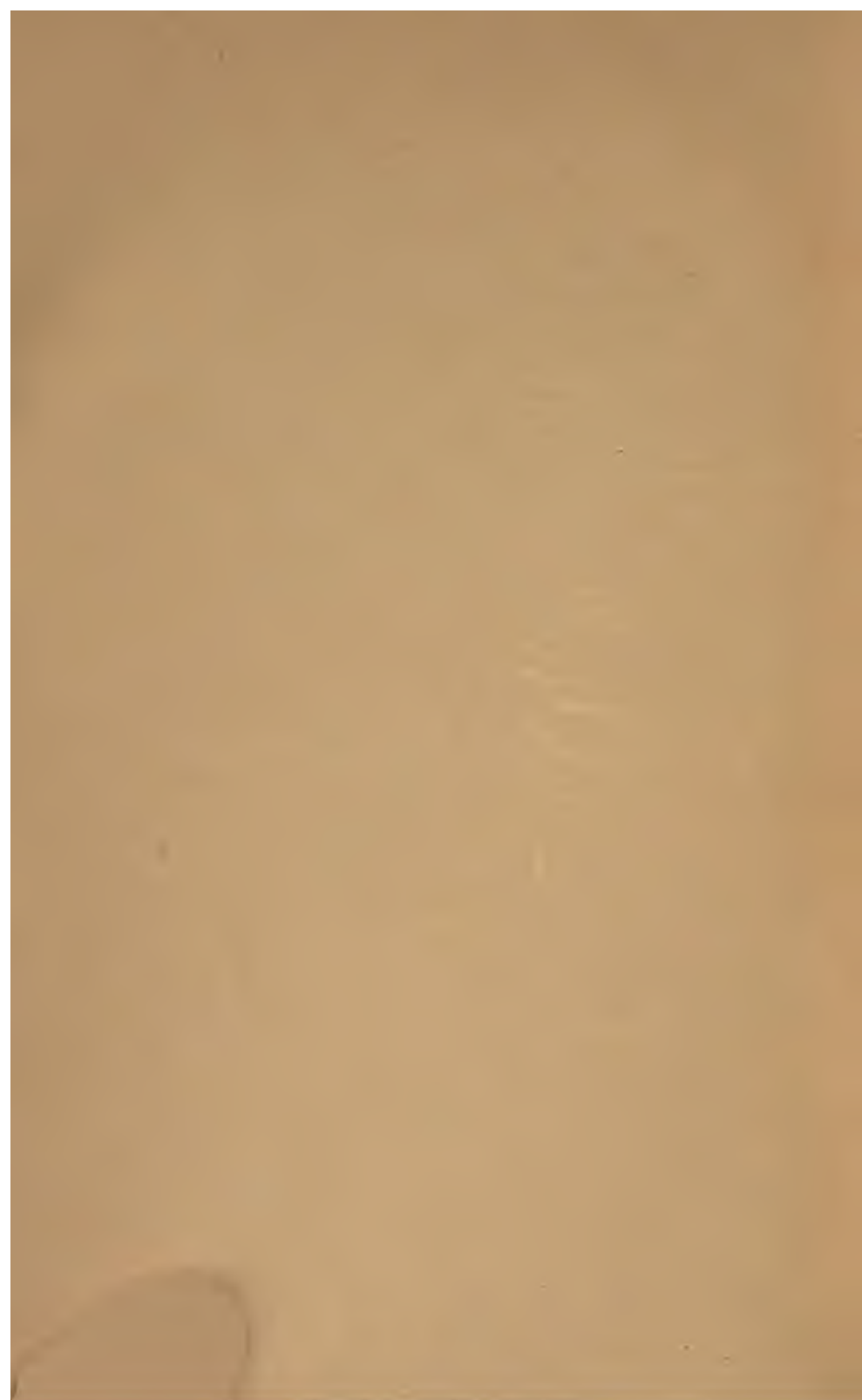
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DR. HOWARD'S

PRIVATE MEDICAL COMPANION

AND COMPLETE

MIDWIFE'S GUIDE:

INTENDED FOR MARRIED FEMALES AND HEADS OF FAMILIES;

CONTAINING

VERY IMPORTANT INFORMATION CONCERNING CON-
CEPTION, WITH RULES FOR ITS PRE-
VENTION AND CONTROL.

TOGETHER WITH OTHER MATTERS MOST INVALUABLE TO
THOSE EXPECTING TO BECOME MOTHERS, FOR
THE FIRST TIME NOW MADE PUBLIC.

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1861

PREFACE.

IN presenting this little volume to the reader, a very few words, by way of explanation, seem called for. It is intended, firstly, that this shall be a companion to DR. HOWARD'S SYSTEM OF DOMESTIC MEDICINE; the illustrations being really a part of that work originally, but, for manifest reasons, it is proper that they be bound up separately. In publishing them, however, in this separate form, it was thought best to embody, in the same connection, such matters as would render this a valuable handbook, especially to mothers and heads of families who might come into possession of it, without an opportunity of reference to the large volume.

It is not intended that this shall, by any means, afford a full systematic treatise on the art of midwifery; but inasmuch as it often occurs that mothers of age and experience are called in to afford assistance to females in labor, when no proper regular medical aid is to be had in season, the suggestions contained in this little work will afford a safe guide in all ordinary and simple cases of natural labor.

Other rules, suggestions, and information herein contained, although necessarily brief and condensed, will be found to be most invaluable.

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DR. HOWARD S
PRIVATE MEDICAL COMPANION,
AND COMPLETE
MIDWIFE'S GUIDE.

ORGANS CONCERNED IN GENERATION.

IN order that human conception may occur with reasonable certainty, it is important that the organs of generation, in both sexes, shall have arrived at maturity, and that they be healthy, and not debilitated by vicious habits.

I.

MALE ORGANS OF GENERATION.

The male organs essential to copulation, and intimately concerned in generation are: 1st. *The Testicles*. In the testicles is secreted the fluid known as the *semen*, which is the true fecundating fluid. The semen is a thick mucous secretion, similar in appearance to the white of the egg, and is formed within the testicles direct from the arterial blood. When viewed under the microscope, countless numbers of minute *animalcules* are discovered. They possess great activity, and resemble eels in appearance. These little animals are the *embryo human beings*, and are the essential fructifying principle of the seminal fluid. If, from any cause, this seminal fluid be not secreted, the male becomes impotent; and if this fluid be healthy, no matter by what means it reaches its proper seat in the female organs, whether by natural connection or otherwise, it may impregnate. 2d. *The Penis*; which is the virile member, and is the organ which conducts the seminal fluid to its lodgment within the vagina of the female.

II.

FEMALE ORGANS OF GENERATION.

The female organs are; 1st. *The Vagina*, or sheath, which receives the male organ, and within which the semen is injected. Above this, as may be seen by consulting Plate II, is situated the

Womb, within which the child is formed, and remains until its birth. On either side of the womb are the *Ovaries* (D D in the plate,) the *Fallopian Tubes* (B B) connecting these important bodies with the womb.

III.

MENSTRUATION.

Once every lunar month, the exact time varying in different females, there occurs a bloody discharge known as the *Cotamenia*—the *monthly flow*, or the *courses*—which continues from three to six or eight days usually. This monthly flow gives evidence that the female is capable of procreation, for she does not become pregnant before its first appearance, (though it is not always colored for the first few times after it makes its appearance,) or after its final cessation, and its arrest between these periods is usually the sign that impregnation has taken place. This menstrual flow occurs as the result of the discharge of an egg, which matures at these regular periodical intervals, and is thrown off from the *ovary*, and finds its way down the *fallopian tube* into the *womb*, and finally is lost. Now, if *semen* be injected into the vagina, and, ascending into the womb, meets this descending *egg* before it is carried entirely away and lost, conception is the result. This egg, then, thus periodically matured at the time of the menstrual flow, is equally important to the first traces of vitality in the embryo with the semen of the male: both elements are absolutely necessary to be present in conjunction to secure that great end of our being—the multiplication of the species.

IV.

WHAT IS NECESSARY TO SECURE OFFSPRING—RULE.

What, then, is necessary to secure conception? From what we have said, it becomes evident that the sexual act and the injection of semen is not alone sufficient to secure an impregnation. The semen must find the egg, as the vivifying nidus, in fit condition to consummate the process. At what time is the egg present? Is it during the entire thirty days, or only a part of that time? Careful observation has proven clearly that the egg only remains in the fallopian tube and womb from five to nine days usually, and never beyond the thirteenth day after the usual cessation of the menstrual flow.

To secure impregnation, therefore, the association of the male and female *must be during this period*. The most favorable time for conception, is immediately after the cessation of the flow. This is a simple fact which has long been observed, and even physicians have given advice accordingly to married persons who had failed to have offspring, without knowing the philosophy of the fact. Many married persons, in apparently perfect health, do not have offspring because of over anxiety and excessive intercourse to secure the end. We give the *following Rule* to such, which will be found infallible:

Rule :—Have no connection for one or two weeks previous to the anticipated menstrual period, and until it has ceased—then associate about twenty-four or thirty-six hours after cessation. The period of abstinence gives to the male sexual organs an unusual degree of vigor, and the period of connection is that when the female organs are most perfectly prepared for conception. When the organs are not seriously injured by disease or vice, this rule will be found unailing. A great variety of stimulating remedies are sometimes recommended to secure impregnation. We advise our readers against them. They often prevent conception—sometimes produce fatal disease. No stimulus is so effective as the perfect health of both parties, and the indulgence in *moderation* and due season.

V.

PREGNANCY—ITS SIGNS.

Now, when conception has taken place in the human female, she becomes at once the subject of important changes, such that in many respects we may almost regard her as a new being. With these changes it becomes important for the prospective mother to observe careful rules, so that she may pass through her period without accident or danger, either to herself or her expected offspring. What are usually styled the SIGNS OF PREGNANCY are familiar to all mothers of usual experience, and simply are the external evidence that these changes have taken place. First, we have usually a *cessation of the menses*. We say this usually occurs when conception has taken place, and is usually a sign of this condition, though by no means always so, as various diseased states may give rise to an arrest of the menstrual flow, more or less permanently. It has been observed that some women menstruate regularly, during the pregnant period.

Morning Sickness.—Most women suffer more or less with nausea and vomiting, especially on rising in the morning. This generally sets in about the fifth or sixth week, and continues until about the third month; the daily attack being from ten minutes to an hour.

Salivation.—Some females experience a form of salivation, which continues variously, from a week or so to several months.

The Breasts become uneasy, with fullness, throbbing, and an increase of fullness, commencing about two months after conception. With these changes in the breast, there is also a stripe or circle about the nipple, which becomes darker than natural. There are a variety of other signs, but these are the most prominent and easily noticed.

The Abdomen enlarges in steady ratio with the progress of pregnancy; but this growth is scarcely observable during the early months.

Quickening, or the first perceptible motions of the child, usually occur about four or four and a half months after conception.

VI.

ABORTION AND PREMATURE DELIVERY.

These two terms are very apt to be used incorrectly. By *Abortion*, we properly mean the loss of the fetus before the sixth month; by *Premature Delivery*, a premature birth, but at a period so late that the fetus might become a living being. *Abortion* most frequently happens about the end of the second or third month. It is very important that the mother avoid this accident by every precaution. She should be *very careful* to abstain from sexual intercourse, as this often causes abortion soon after conception takes place. Its frequent occurrence is highly dangerous to the system, and when it has happened once or twice, is very apt to be of regular repetition. Besides, it is of the highest importance that females should know that an abortion is very often attended with more danger than many regular confinements at full term. Hundreds of females are in the horrid habit of producing abortion by artificial means, and many of them escape with impunity; but very many, while using the greatest care, die as suddenly as if shot to the heart. It is important for every female to know that *any attempt to produce abortion is at the risk of life*.

VII.

ABORTION AND MISCARRIAGE, WITH DIRECTIONS FOR TREATMENT.

Abortion and *miscarriage*, however, may threaten with the greatest care, or as the result of unforeseen accidents. The usual pains of labor attend this state of things, especially pain in the back and limbs. And when these threatening symptoms are observed, the necessary precautions should at once be instituted. The most important of these is immediate and absolute quiet, and rest in the recumbent position; freedom from all conversation, and other matters which may excite or disturb the mind. In connection with these general indications of treatment, the patient should keep the extremities warm, and use *freely* of a tea composed of equal parts of nervine and ginger, or beth root, and ginger, or cayenne. The symptoms of threatened abortion and premature delivery are much the same, and the same directions for treatment are called for.

VIII.

FLOODING, WITH DIRECTIONS FOR TREATMENT.

Another serious accident to which the pregnant female is liable, is *flooding*. Some females are very liable to this trouble, and it may happen to any female as the result of a great variety of causes. Of course, *flooding*, beside the danger which arises from the simple loss of blood, also threatens the loss of the fetus; indeed,

abortion is almost sure to happen as the result of a copious flooding. Some cases of flooding cannot be arrested until the *ovum* or *fetus* is carried away, either passing away voluntarily, or by proper artificial assistance. Inasmuch as this truly alarming accident may happen as the result of the most trifling cause apparently, it becomes important for the female to observe the greatest care in her entire habit of life. Any violent shock, such as a blow or a fall, may induce flooding; though it is singular to what violence the female may sometimes be exposed without producing serious results. Fatigue, over exertion, straining at stool, the use of drastic cathartics, as aloes, scammony, and hellebore, and lifting heavy weights, are also frequent causes of flooding. Sometimes the cause is at once followed by a profuse discharge of blood, with the usual alarming attendant symptoms, such as fainting and great prostration, with quick, fluttering pulse, and the like. Sometimes there is some previous sense of fatigue—pains in the back, chilliness, and such preliminary signs of threatened danger, which point out the propriety of instituting much the same outline of treatment as is directed for ordinary threatened abortion; indeed, the whole group of dangers are so intimately associated as to constitute one set of indications and plan of treatment. If flooding so progresses as to discharge the ovum, or threatens to do so, there will be, in most cases, regular labor pains set up, though the ovum may sometimes be discharged with scarcely any perceptible pain.

Now, in addition to the means already directed for insuring the most perfect and absolute quiet to the mind and body of the patient, there are some additional remedies that will afford important relief in many cases.

Thus, after the patient has been placed in the recumbent position, the extremities should be kept warm with hot rocks, or brick, or jugs of hot water, and she should drink *freely* of a tea composed of equal parts of raspberry, nervine, and ginger; or equal parts of bayberry and nervine, and half part of cayenne. If flooding still continues, vaginal injections of a strong tea of bayberry, witch-hazel, or geranium, should be given every fifteen minutes or oftener, till relief is obtained.

These, however, are grave accidents, and no person is warranted in assuming the management of such cases who has not a large degree of knowledge and experience; but these hints will often prove of great service in the absence of competent medical aid, or may be set up while medical aid is being procured. By these precautions perhaps a valuable life may be saved.

IX.

OTHER ACCIDENTS INCIDENT TO PREGNANCY.

Other accidents are liable to occur during the course of pregnancy. Our space, however, will not allow us to discuss these at present, and we refer the reader, for full information upon all these matters, to Dr. Howard's large work. We only mention, in addition to what

we have already treated of, certain displacements which are liable to occur in the womb itself. These are chiefly *anteversion* and *retroversion* of the womb. These accidents are not confined to the condition of pregnancy, but they may occur more particularly at that time, especially between the first and fourth month, and with that condition may become more alarming in their effects. By *retroversion* we mean that, as the result of some sudden accident—as a fall or a blow, or the like—the womb falls backward, the mouth looking upward toward the bladder, and the top, or fundus, leaning against the sacrum, and becoming fixed beneath the promontory. PLATE X gives an illustration of this state of things. Great pain, an arrest of the urinary discharge, occurring after some sudden fall or shock, at about the fourth month, will lead you to suspect that *retroversion* has taken place. The displaced womb is to be restored by careful manipulation. 1st. The bladder is to be emptied by introducing a catheter; 2d. The woman is to be placed on her elbows and knees, as this position favors the return of the organ; and, 3d. Push up the womb with the first finger, introduced into the rectum, first anointing it with sweet oil. By using care, patience, and ingenuity, the difficulty may be relieved without trouble. The displacement known as *anteversion* is simply the reverse of *retroversion*, and is relieved by pressing on the abdomen just above the pubic bones, but is more rarely met with.

X.

RULES TO BE OBSERVED IN NATURAL LABOR.

The natural term of pregnancy is about nine months, or more properly, 280 days. When it is completed, and the period of labor is ushered in, there are certain symptoms so uniformly present, that they are familiar to almost every female, however inexperienced. We only propose, therefore, to give such directions as will enable any sensible and prudent woman to care for the mother while she passes through this critical period of pain and trial. There ought to be about two pleasant ladies present during labor, to attend to all the wants of the patient that may from time to time arise; more than two or three female friends is rather an annoyance than an assistance. If the pains are tedious, occasional drafts of some hot tea, as raspberry and cayenne, bayberry or partridge-berry, and ginger tea, or the like, and a warm foot bath, will relax the system and encourage labor. Toward the conclusion of labor, when the pains become persistent and straining, most women will prefer some means of pulling with the hands, and bracing with the feet; this sort of mechanical resistance apparently adding to the comfort of the patient, and facilitating the progress of the labor. Just at the moment of birth, or shortly previous, some support should be given, with the palm of the hand, to the parts made to project by the pressing head. And it is always best, just after the head of the child has entered the world, to pass the finger quickly along the side of its neck, to ascertain if the cord be surrounding the neck; if so, it should be loos-

enel, and, if possible, brought forward and caused to slip over the head, to prevent strangulation.

After the child is entirely born, it should be suffered to remain in connection with the mother a few minutes, until respiration is fully established, which is sufficiently indicated by vigorous crying.

Tying the Cord.—The cord should then be tied with a strong twine or narrow tape, about two and a half inches from the child's belly, and the cord tied at a second point, a short distance further, and then divided between. After this, the afterbirth is to be removed carefully, by very gently drawing upon the portion of the cord without the womb. The index finger should be slipped along the placental cord, and if it is not found detached from the womb, no force should be used, for fear of rupturing the vessels, and causing fatal flooding, or causing inversion of the womb, which may speedily prove fatal. This removal of the afterbirth may, and should be, encouraged by some one of the female friends producing friction over the abdomen by a sort of kneading process. This not only encourages the speedy discharge of the afterbirth, but also tends to prevent and control hemorrhage, which is one of the accidents liable to happen immediately after the birth of the child.

Hemorrhage after Birth.—Should this happen—i. e., should there be such a discharge of blood after birth, as to produce faintness, the same precautions are to be observed, and the same agencies used as in flooding at any other time, and as directed in Section VIII.

Immediate Attention to the Mother.—As soon as the child and afterbirth have been removed from the mother, a large cloth should be applied to the mother, to catch the secretions and wasting, and the binder applied, which consists of a muslin strip six or eight inches broad, to be pinned firmly over the iliac or haunch bones and lower part of the abdomen, fully tight enough to afford a pleasant sense of even, steady support. But there should be but little change of her clothing, until she has had several hours rest from the fatigue of labor.

XI.

WASHING AND DRESSING THE CHILD—ITS FOOD.

Washing and Dressing the Child.—Before commencing to wash the child, every thing pertaining to its first dressing should be arranged in convenient readiness. The room should be pleasantly warm, and the cleansing should be performed with a quart of warm water, in which an egg has been well stirred to form a suds—this leaves the skin soft and healthy. First of all, however, the body is to be anointed all over, especially such parts as are particularly foul with white gummy matter, with clean lard or sweet oil; then this should be gently removed with a soft fold of muslin, or what is still better, a flannel cloth. Then carefully, but thoroughly wash the child in the egg suds; make it perfectly clean, then perfectly dry. The parts about the groin, armpits, and such places as may chafe, should be dusted with fine starch or oiled with sweet or other soft oil. The naval cord is to be wrapped in a strip of soft linen or old muslin, then

apply the binder, which is a strip of cloth about four inches wide, to surround the abdomen, and protect the navel. These matters properly arranged, the other dressing may be attended to after the usual manner, care being taken to avoid, as much as possible, pins, or any thing which can irritate or cause pain. Envelope the feet in a warm flannel wrapper; and, indeed, be very careful, for the first month, to keep the infant warm all the time.

Its Food.—It is a very common mistake to suppose that the infant must be immediately fed with something. As a general rule, the less food it receives until the mother is able to afford the natural nourishment, the better. A small quantity of catnip tea, or barley water, or the like may be given; but it must be remembered that the infant has not been accustomed to receive any thing whatever into the stomach before birth, and it will not bear large quantities immediately after birth without creating the beginning of endless colics, which injure the health and destroy the comfort of both infant and mother. From four to six tea-spoonsful of food will be fully sufficient; and that should not be repeated oftener than once in four or five hours.

Apply the child to the mother's breast frequently during the first day or so, even if no milk be secreted; this will favor the formation of milk, and harden the mother's nipple.

XII.

CARE OF THE CHILD—GENERAL RULES.

Care of the Child.—The important maxim to insure the quiet and health of the infant, is to see that it is comfortable all the time. It must be kept *dry* and *clean*, especially about the groins and genitals. The nurse must watch these conditions carefully; if allowed to remain wet, it soon becomes uncomfortable, and begins to fret and cry. It must be kept *warm*; frequent attention must be given to its feet, to see that they are not suffered to become cold. It must not be stuffed and fed beyond moderation; more babies suffer with colic from over feeding than from all other causes together. If these simple rules be obeyed, the infant will rarely give trouble by crying.

XIII.

FURTHER GENERAL DIRECTIONS FOR CARE OF MOTHER.

Further Directions for the Mother.—After the mother has been comfortably attended to, as before directed, immediately after the conclusion of her labor, she should not be disturbed until she has had time for a few hours rest, after which, such further changes of her clothing as are necessary, or changes of the bedding as are needed for cleanliness, may be observed. If she has had no operation within thirty-six hours after labor, she should use enemas of warm water, or soap-suds, or a mild physic, to move the bowels once or twice. She should not be allowed to sit up before the end of the first week.

and in many cases this will be too soon. Great care must be observed in this respect. Too many women feel very well after a few days, and finding the confinement to bed tiresome, tax their strength so soon that they frequently suffer a relapse, or, if not in this way, find their "getting-up" to be slow, and attended with protracted debility. A few days longer in the bed often insures a good "getting-up" that well pays for the privation. Again, in sitting up, the mother should only sit up for a short time, for the first few days, until by experience, she learns that her strength is restored.

The mother's diet should be very simple for the first week. For that time there should not be allowed any meat, or fat of any kind, except it be a very little butter. Tea, toast, and crackers, should comprise the food. It is a frequent custom to allow the mother food containing some form of spirits; *this is highly improper*, unless there be a condition of great exhaustion, not usual in ordinary cases of confinement. *After the milk appears*, there is a danger in some cases, of the breast becoming over-distended, and inflammation being set up. This trouble may be avoided almost always by giving great attention to keeping the milk fully drawn out, not allowing the milk to accumulate; sometimes the infant is so hearty that it draws the milk as freely as it is secreted; but in other cases it becomes necessary to draw it by additional means. This may be by the nurse, or another child, or by a breast-pipe, or a young puppy. All these means are common, and answer the purpose. *Remember, however*, that no mother will scarce ever suffer from an inflamed breast and with abscess, if these directions are faithfully observed. If she should be threatened with mammary abscess, a poultice composed of four parts pulv. elm, and one part lobelia herb, mixed with boiling water, till brought to a proper consistence for a poultice, should be applied, to obviate a difficulty which may prove very serious. She should also use enough catnip or other tea of similar kind, to keep the palms of the hands slightly moist, till the milk appears in the breast.

These comprise all the directions that are important in the care of the woman in natural labor, together with the necessary instructions for the care of mother and child subsequently.

XIV.

THE PLATES.

The series of plates, as given in this little work, are properly, as remarked in the preface, a part of the large work of Dr. Howard. As brief explanations accompany each plate, however, they will be found easy of comprehension and useful, apart from their reference in these sections: we therefore do not deem it necessary to add any thing by way of comment upon them at this time; but to all interested we refer to the large volume, where they are fully explained, and illustrate an extended series of matters pertaining to labor, pregnancy, etc.

XV.

INFALLIBLE RULES FOR PREVENTION OF CONCEPTION AND CONTROL OF OFFSPRING.

HOW MAY CONCEPTION BE PREVENTED? There are many reasons why it may become very important to prevent the frequent or even entire recurrence of child-bearing; can this be done with due regard to health and safety? It CAN.

For the better understanding of the rules we now give for this purpose, we refer the reader to Sections III and IV, for explanation of the philosophy of conception; and it at once occurs to the mind that the same precautions for securing a desired pregnancy are to be observed for avoiding it. *It follows, then, that it is simply necessary to abstain from the sexual act during that period in which the egg is retained within the womb.* The result of a large number of observations demonstrates that the egg is discharged from the first day after the cessation of the menses to the thirteenth, but in the great majority of cases it passes away from the fourth to the ninth. If connection, therefore, be deferred until the fourteenth day, it can not be productive of offspring; and for all practical purposes, abstinence from eight to twelve days would be entirely sufficient in the great majority of instances. And even this period may be abridged by ascertaining the period of the discharge of the egg, which each female may do for herself, without great trouble. When it passes away there are usually slight pains through the region of the womb, with an increase of mucous discharge from the vagina, and the egg comes away as a small *clot*, to all appearance such a mucous clot as is thrown off from the lungs by expectoration during a slight cold. The egg is in the center of this clot, and may discerned by the microscope. Now the period of this discharge is quite uniform with each female; the period at which it passes away at one time is the period at which it almost always passes away with that female, and when once discovered, the rule given above may be changed to *abstinence until the clot has passed away.* The observance of these rules is infallible and philosophical, and infallible because philosophical.

XVI.

OTHER MEANS, WITH THEIR OBJECTIONS.

Other means have been used to prevent conception, and in many cases they are successful, but all are liable to serious objections.

Thus we have the *cundrum* or sheath worn by the male to retain the semen; this is inconvenient and unhealthy, because it is desirable that the sexual act should be complete, and even for the health of the female there appears to be a necessity that the seminal discharge be received into the vagina. Some wear a soft sponge, with a string attached, to receive the semen; this is manifestly not always certain. A great variety of injections have been directed to be used immediately after the sexual act; thus, cold water, solutions of alum, zinc, and various other articles. In many instances these will secure the end desired, but they are objectionable from their frequent

uncertainty and inconvenience, while many of the articles advised are *absolutely* hurtful. Dancing, and other forms of violent exercise, immediately after the sexual act, are pursued by some to prevent conception; these are uncertain. If the conjugal act be not carried to entire completion, but by a strong mental effort be terminated before, of course impregnation is avoided. This requires, however, great presence of mind, and if repeated frequently exerts a deleterious effect on the male in the same manner as does onanism. We return, then, to the two rules already given, as sure, healthy, and in accordance with strict physiological laws.

1st, abstain from intercourse for fourteen days from cessation of menses; or, 2d, ascertain the period of the discharge of the egg clot, and observe abstinence from appearance of menses until after the discharge of clot.

FOOD FOR THE SICK.

WATER GRUEL.—Mix a table spoonful of corn meal with half as much wheat flour, and a sufficient quantity of cold water to make a thick batter; stir it into a pint of boiling water; season it with salt, and let it boil ten or fifteen minutes. An excellent diet for a weak stomach and after an emetic.

RICE GRUEL.—Take a table spoonful of soft boiled rice; add to it half a pint of new milk and boil five minutes. The above may be made without milk, by taking a tablespoonful of rice flour and stirring it up with five times as much cold water, then add the whole to a quart of boiling water, letting it boil ten minutes. Loaf sugar and nutmeg may be added if agreeable to the taste.

MILK PORRIDGE.—Mix a table spoonful of wheat flour with a little cold water, carefully making all the lumps fine; then stir it into a pint of boiling milk, and let it boil five minutes, constantly stirring to prevent its burning on the bottom or sides of the pan.

TOAST WATER.—Take a thin slice of bread, toast it brown on both sides; put it into a small pitcher or bowl, and pour on boiling water. Sweeten with white sugar. An excellent nourishing drink in fevers.

BARLEY WATER.—Take two ounces of well washed barley; put it into a sauce pan with a quart of water and a few raisins or some lemon peel; let it boil slowly until the water is half evaporated; then pour off and drink while hot. The boiled barley may be eaten with sugar instead of rice.

WINE WHISKY.—Stir into a pint of boiling milk two glasses of wine; let it boil a minute, then take it from the fire; and after the curd has settled, pour off the whey, and sweeten to suit the taste. Good in the low stages of Typhoid and other fevers.

COCOA.—Boil two ounces of cocoa shells in a quart of water an hour, a little milk may be added when the patient can bear it. This is not as rich as the ground cocoa, and is less likely to disagree with the stomach.

BEEF TEA.—Take half a pound of lean, fresh beef in thin slices; put it into a pot, cover it with water and boil an hour. It may be seasoned with salt and pepper. Chicken tea may be made in the same manner.

ANOTHER METHOD.—Broil a slice of beef steak thoroughly; then cut it into small pieces, and boil it half an hour in a little water; seasoning, same as for the above.

MUTTON BROTH.—To a pound of mutton allow a quart of water; let it boil an hour and a half, adding a cupful of rice in time to be cooked. Sometimes, potatoes and turnips cut fine are boiled with the meat. Broth from chicken, veal, or beef may be made in the same manner.

TO PREPARE TEA FROM AROMATIC HERBS.—Put the dried or green herb into a bowl or pitcher and pour on boiling water, let it stand on the stove or by the fire half an hour, the vessel remaining closely covered. Infusions of balm, mint and other herbs, made in this manner, furnish pleasant drinks for the sick, and also a convenient medium for the administration of stronger remedies, such as tinctures, etc.

PLATE 1.

PESSARIES.—SEE PAGES 346, 347.

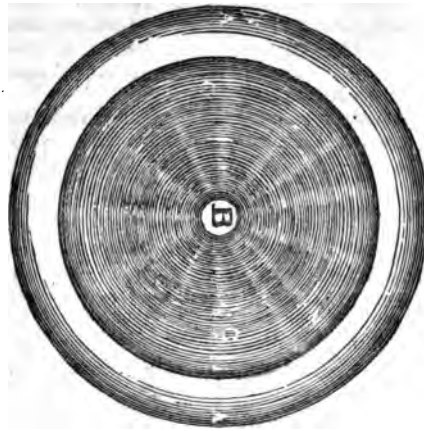


Fig. 1.

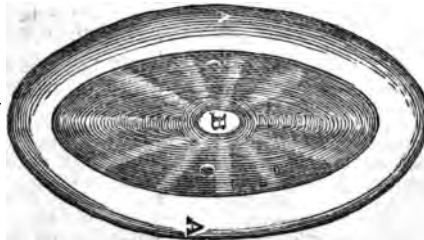


Fig. 2.

Fig. 1 represents a round Pessary, of a middle size.

A A—The circumference of the pessary, two inches and four-tenths in diameter.

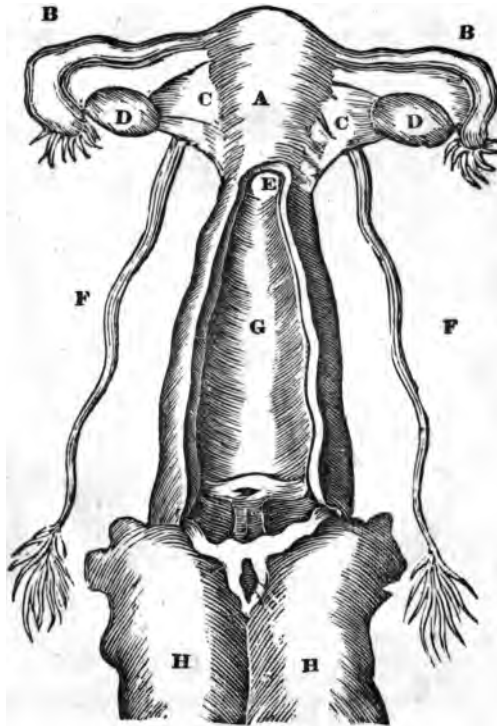
B—A hole through the center, to permit any discharges to pass, three-tenths of an inch in diameter.

CC—A depression; the dark spot within the light ring being sunk, not altogether dissimilar to a shallow basin, for the mouth of the womb to rest in; the ring representing the sides or edges of the basin or pessary, are thick and rounded.

Fig. 2 represents an oval pessary, which, on some accounts, is preferred to the round one. The round, however, is most commonly used. The letters in this refer to the same parts of the instrument as in fig. 1, and therefore, need no further explanation.

PLATE II.

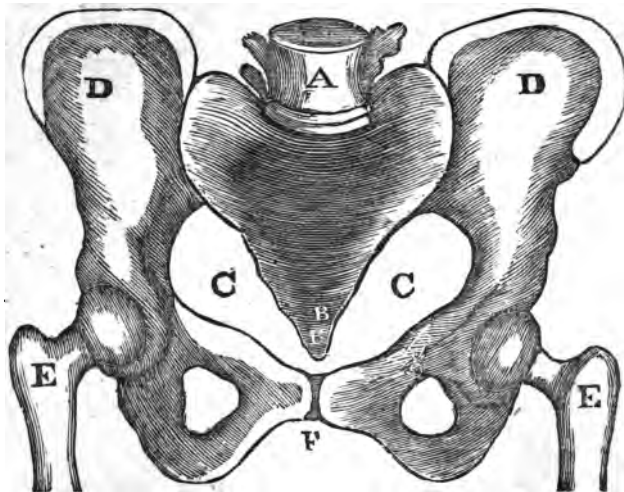
FEMALE ORGANS OF GENERATION—SEE PAGES 294, 370.



- A—The uterus, or womb.
B B—The fallopian tubes.
C C—The ligaments which connect the womb to the pelvis
D D—The ovaries.
E—The mouth of the womb.
F F—The round ligaments which pass out of the abdomen, and are fixed to the labia.
G—The inside of the vagina, which is cut open.
H H—The labia.

PLATE III.

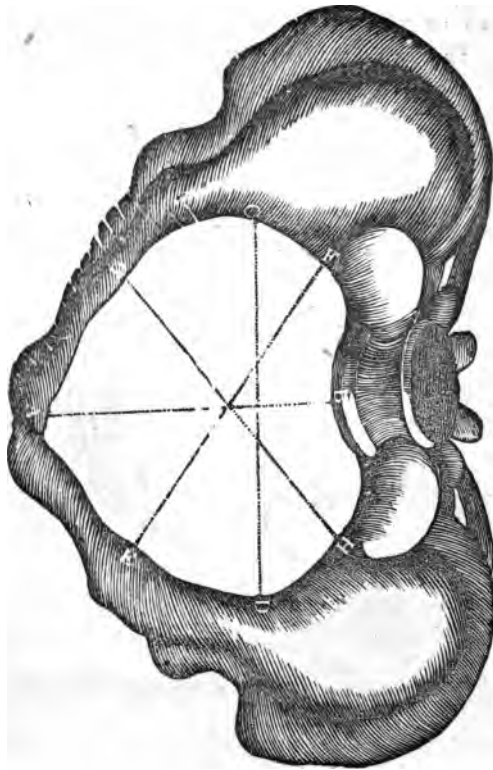
GENERAL VIEW OF THE BONES OF THE PELVIS—SEE PAGES
291. 360.



- A—The last vertebra or bone of the loins.
B—The os coccygis, or extreme termination of the back bone.
C C—The cavity of the pelvis; obscured by the coccygis.
D D—The ossa innominata, or two bones which compose the sides of the pelvis, projecting up toward the ribs.
E E—The thigh bones, with their round heads.
F—The symphises pubes, or union of the front bones.

PLATE IV.

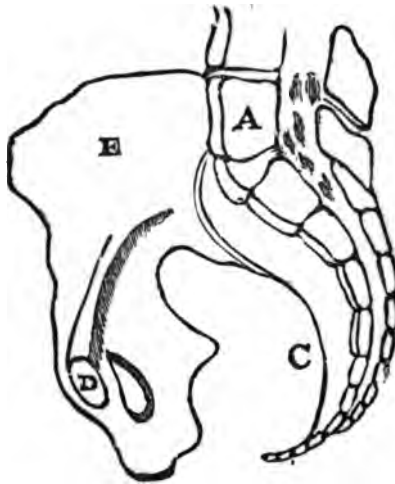
**VIEW OF THE SUPERIOR OPENING OF THE PELVIS—SEE PAGES
291, 380.**



**A B—Shortest diameter of the pelvis.
C D—Longest diameter, from hip to hip.
E F G H—Diagonal diameters.**

PLATE V.

**SIDE VIEW OF THE PELVIS, DIVIDED THROUGH THE CENTER
FROM FRONT TO BACK—SEE PAGE 380.**



- A—The last vertebra, or bone of the loins.
- B—The coccygis.
- C—Hollow of the sacrum.
- D—The os pubis.
- E—The os innominatum, or side bone of the pelvis.

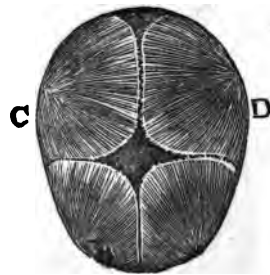
PLATE VI.

BONES OF A CHILD'S HEAD—SEE PAGES 382, 403.

Fig. 1.



Fig. 2.



A—The forehead.
B—The hindhead.
C D—The diameter from ear to ear

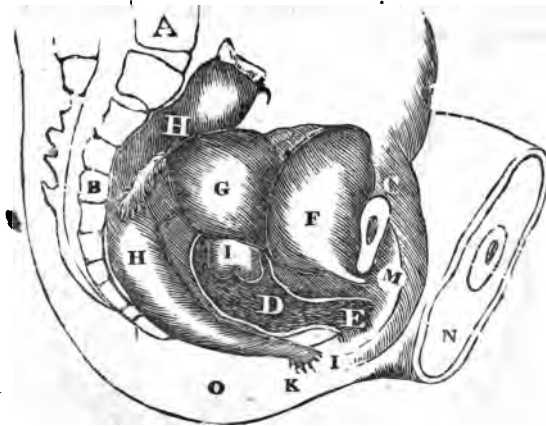
PLATE VII.



This plate represents the child's head as passing the upper strait of the pelvis; the passage contracted about one-fifth of its diameter, by the jutting inward of the back bone. The natural pains of labor are sufficient to overcome a difficulty of this kind, if suitable time be given.—See pages 381, 404.

PLATE VIII.

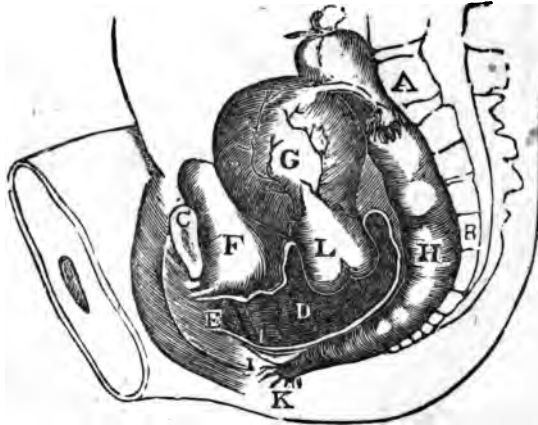
VIEW OF THE NATURAL POSITION OF THE BLADDER AND WOMB—
SEE PAGES 291, 292, 370, 376, 377, 382.



- A—The last vertebra of the loins.
- B—The sacrum, or rump bone.
- C—The os pubis, or front bone.
- D—The vagina, or canal leading to the womb.
- E—The external orifice of the vagina.
- F—The bladder.
- G—The womb, not impregnated.
- H H—The large or straight intestine lying behind and under the womb.
- I—The perineum, or space between the external orifice of the vagina and anus.
- K—The anus.
- L—The neck and mouth of the womb.
- M—The urethra, or urinary canal.
- N—The stump of the left thigh cut off.
- O—The buttock.

PLATE IX.

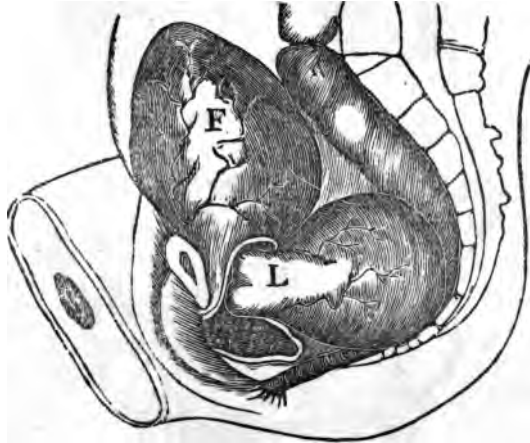
**VIEW OF THE NATURAL CONDITION OF THE CONTENTS OF THE
PELVIS AT THIRD OR FOURTH MONTH OF PREGNANCY — SEE
PAGES 291, 292, 382.**



The letters in this plate refer to the same parts as those in Plate VIII, to which it is exactly similar, excepting the womb, which is enlarged.

PLATE X.

VIEW OF A RETROVERTED WOMB—SEE PAGE 377.



**F—The distended bladder.
L—The neck of the womb.**

PLATE XI.

**FRONT VIEW OF A CHILD IN THE WOMB AT THE FULL PERIOD OF
PREGNANCY—SEE PAGE 382.**



A A—The os innominata, or side bones of the pelvis.

PLATE XII.

VIEW OF A NATURAL PRESENTATION OF THE CHILD'S HEAD AT THE
COMMENCEMENT OF LABOR—SEE PAGE 383.

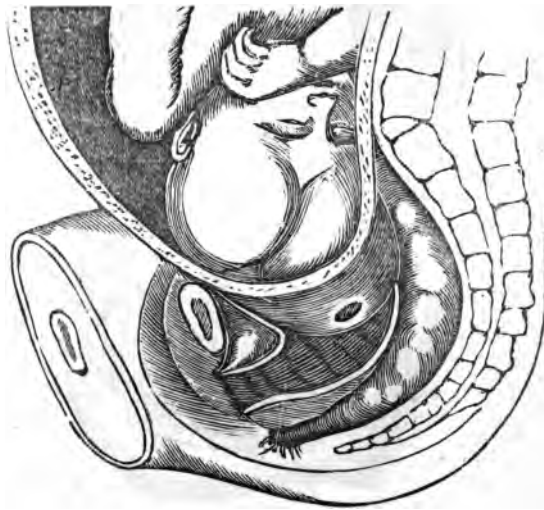
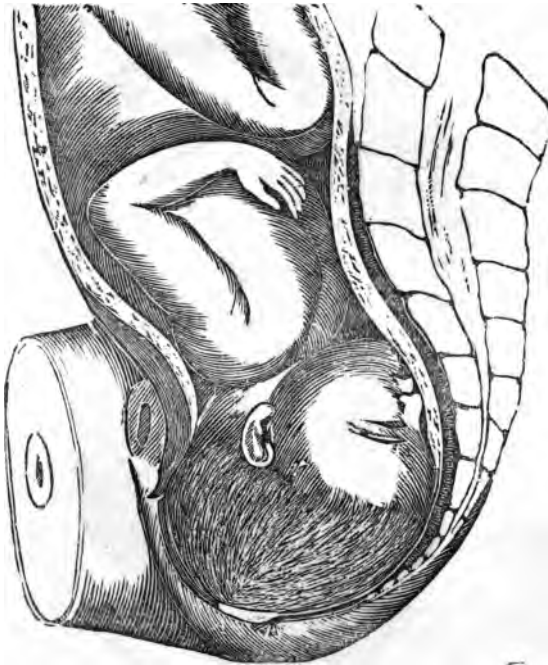


PLATE XIII.



Representation of the child's head entering the upper straight of the pelvis; the mouth of the womb considerably enlarged.—See pages 381, 383.

PLATE XIV.



This plate represents the head much further advanced than in Plate XIII, passing the lower strait of the pelvis, with the crown presenting at the external orifice of the vagina, and the face in the hollow of the sacrum.—See pp. 381, 384, 404.

PLATE XV.



A representation of the head in a position reversed from that of Plate XIV. By comparing this plate with the last, it will readily be seen that this position of the head must be far more inconvenient for child-birth than that: Nevertheless, children are often born in this manner, though labor is much more tedious and painful.—See p. 404.

A—The anus.

B—The external orifice of the vagina.

C—The nymphæ.

D—The labia pudenda of the left side.

PLATE XVI.

TWINS—SEE PAGE 414.



This plate exhibits a front view of twins as they appear in the womb at the beginning of labor; the front part of the abdomen, womb, and membranes being removed.

A A—The upper part of the innominate, or side bones of the pelvis.

B—The acetabulum, or socket which receives the head of the thigh bone

C C—The lower part of the os innominata.

D—The extreme point of the coccygis.

E—The lower part of the rectum.

FF—The sides of the vagina.

G—The mouth of the womb, a little opened.

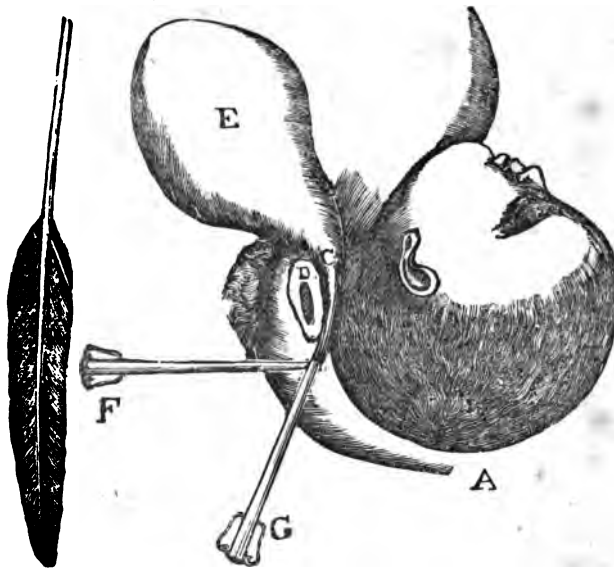
H—The lower part of the womb, filled with the waters which descend below the head of the child that presents.

I I—The two placentas attached to the back part of the womb, the two fetuses lying before them one with its head presenting in a natural position at the upper strait of the pelvis the other with its head at the fundus or upper part of the womb. The body of each child is represented as entangled in its proper navel-cord, which is often the case with either twins or single children

K—A part of the membranes of one of the children.

PLATE XVII.

INTRODUCTION OF THE CATHETER—SEE PAGE 384.



This plate is intended to represent the introduction of the catheter to draw off the urine when labor is far advanced, which, however, is very rarely necessary.

A—The child's head seen low in the pelvis.

E—The distended bladder.

D—The front bone.

C—The neck of the bladder pressed (and consequently much lengthened), between the head of the child and the front bone.

In a case of this kind, the catheter cannot be introduced in the usual manner; but the end must first be introduced into the urethra or neck of the bladder, as represented at F; then gradually turn it back, as at G, and it will readily pass into the bladder between the child's head and the front bone.



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